



STATE OF MISSOURI
DEPARTMENT OF INSURANCE
LICENSING SECTION

CHANGE OF SURETY RECOVERY AGENT STATUS

P.O. BOX 690 OR
P.O. BOX 4001 FOR CORRESPONDENCE WITH FEES
JEFFERSON CITY, MISSOURI 65102
TELEPHONE: (573) 751-3518

THIS FORM MAY BE DUPLICATED

INSTRUCTIONS

PLEASE TYPE OR PRINT IN INK.

ENCLOSE A \$10.00 FEE IF YOU WANT A LICENSE SHOWING THE CHANGES INDICATED BELOW. PERSONAL CHECKS NOT ACCEPTED. ☐ CHECK BOX IF YOU ARE ENCLOSING THE \$10 FEE.

SOCIAL SECURITY/LICENSE NUMBER	LEGAL LAST NAME	FIRST NAME	MIDDLE NAME	<input type="checkbox"/> Jr. <input type="checkbox"/> Sr.
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☐ **CHANGE OF ADDRESS** (Notification required within 30 days of change)

NEW RESIDENCE ADDRESS (Required)

STREET ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE)	CITY	STATE	ZIP	HOME PHONE NUMBER
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NEW MAILING ADDRESS (Optional)

STREET ADDRESS/P.O. BOX	CITY	STATE	ZIP
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NEW BUSINESS ADDRESS (Required)

STREET ADDRESS	CITY	STATE	ZIP	BUSINESS PHONE NUMBER
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☐ **CHANGE OF NAME (Please Attach Documentation)**

PREVIOUS NAME

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NEW NAME

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SIGNATURE OF SURETY RECOVERY AGENT (REQUIRED FOR ALL ABOVE CHANGES)	DATE
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